

Appendix E

Training Evaluation Instruments

Office of the Deputy Mayor for Education
Training Evaluation Survey for School-Based Clinicians
DC START

The Office of the Deputy Mayor for the District of Columbia is committed to providing a high quality of professional development programming for DC START’s school-based clinicians. This survey is designed to assist the Office in determining the extent to which DC START trainings are effective and in identifying areas of improvement in these programs or where additional training or other professional development services are required.

This voluntary survey should take no more than 10 minutes to complete. ***Please be assured that the information you provide on this survey will be confidential, and no personally identifying information will be released.***

- i. Date(s) of training: _____, 2008
- ii. Trainer(s): _____
- iii. Principal area covered by the training: ☐ (1) Child Centered Play Therapy
☐ (2) Cognitive Behavioral Therapy
☐ (3) DC START Practices and Procedures

Participant Background Information

1. I am _____ years old.
2. I am: ☐ (1) female ☐ (2) male
3. I have worked as a mental health professional for _____ years.
4. I have worked in a school setting as a mental health professional for _____ years.

Improving Skills and Strategies

5. Overall, to what extent do you feel the DC START training event has prepared you to utilize the knowledge, skills and strategies learned in your work with participating children?
- ☐ (4) To a great extent ☐ (3) To some extent ☐ (2) To a minimum extent ☐ (1) Not at all

6. Please circle the number that corresponds to the level at which you are in being able to perform each task listed below. Use the following key to make your selection.
- 1: Orienting** – I will require a lot of additional support/training to perform this task.
- 2: Fully Aware** – I will require some degree of additional support/training to perform this task.
- 3: Preparing to Use** – I will require a minimal amount of additional support/training to perform this task.
- 4: Ready to Implement** – I will require no additional support/training to perform this task.

QUESTION 6 - TASKS	1	2	3	4
	Orienting			Ready to Implement
<i>Please address tasks 6a-h if the training focused on Child Centered Play Therapy; if it did not, please go to task 6j</i>				
a. Orienting the client to the program, introducing child-centered play therapy, highlighting its key features and articulating the expected course of the intervention	1	2	3	4
b. Facilitating child involvement in CCPT through play and verbalizations	1	2	3	4
c. Developing and using an appropriate play environment	1	2	3	4
d. Acknowledging and demonstrating appreciation of the developmental and socio-cultural perspectives of the child				
e. Role playing to identify feelings and behaviors	1	2	3	4
f. Using a range of therapeutic responses to help clients to: feel understood; become aware of their responsibility in the therapeutic relationship; and gain insight into their behavior	1	2	3	4
g. Using role-playing and play to improve coping skills	1	2	3	4
h. Developing outcome indicators for clients with mental health, family, and/or educational problems	1	2	3	4
i. Encouraging parent/caregiver involvement in the intervention	1	2	3	4
<i>Please address tasks 6j-r if the training focused on Cognitive Behavioral Therapy; if it did not, please go to task 6s</i>				
j. Orienting to the program, highlighting the key activities and articulating the expected successes of the intervention	1	2	3	4
k. Using a variety of engagement techniques to facilitate client involvement and verbalizations	1	2	3	4
l. Teaching the client the client to identify self-talk and feeling and to recognize negative behaviors	1	2	3	4
m. Providing techniques to promote tension release	1	2	3	4
n. Developing problem-solving skills that assist the client to recognize that their problems are manageable and to encourage them to focus on and evaluate several solutions.	1	2	3	4
o. Using cognitive restructuring and attribution retraining techniques	1	2	3	4
p. Employing modeling strategies to assist the client to understand the	1	2	3	4

QUESTION 6 - TASKS	1	2	3	4
	Orienting			Ready to Implement
different aspects of the depicted behavior(s).				
q. Using role-playing to provide an opportunity for the client to practice coping skills and to utilize a problem-solving approach to difficult situations	1	2	3	4
r. Encouraging parent/caregiver involvement in the intervention	1	2	3	4
<i>Please address tasks 6s-y if the training focused on DC START</i>	1	2	3	4
s. Training school staff in the use of the Observation Checklist	1	2	3	4
t. Determining the extent to which referred students are appropriate for DC START services	1	2	3	4
u. Obtaining consent and waiver using the form developed by the Interagency Collaboration and Services Integration Commission	1	2	3	4
v. Developing integrated service plans for clients and household members to address unmet service needs	1	2	3	4
w. Administering the Wellbeing Assessment Instrument	1	2	3	4
x. Using the Children At-Risk Interagency database (CHARI)	1	2	3	4
y. Selecting the appropriate clinical intervention	1	2	3	4

7. What additional resources would be helpful in preparing you to undertake the tasks outlined in the above item? Please circle the letter(s) in the above item to which you are responding. _____

Please continue on the next page

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Rating Overall Satisfaction

8. Overall, please respond to the following statements about the **Presenters** at the *DC START Training*. Check one box for each statement.

	Strongly agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)
a. The Presenters were experts in the content areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The Presenters were effective in delivering information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The Presenters were interesting and dynamic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The Presenters were organized and easy to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The Presenters gave adequate question and answer time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Overall, please respond to the following statements about the *DC START Training*. Check one box for each statement.

	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)
a. The purpose of the DC START Training was clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The DC START Training was organized and easy to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The DC START Training was comprehensive in scope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The pace of the Training was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The DC START Training was informative and useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Interaction between participants and presenters was sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The DC START Training met my individual needs/concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The DC START Training provided an excellent opportunity for networking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The resources were well integrated with the content topics of the Training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please rate your satisfaction with the following factors. Check one box for each factor.

	Very Satisfied (4)	Satisfied (3)	Somewh at Satisfied (2)	Not Satisfied (1)
a. Dates of the Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Comfort of the Training environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Length of the Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Training topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Topic flow and sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (<i>specify</i>): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What support/follow-up training could the Office of the Deputy Mayor for Education provide to you to promote implementation of what you have learned?

Additional comments:

Training Evaluation



Date of Training: 10/6 - 10/7

Location: DMH

Trainer(s): Mary-Anne Peabody

Your role in Project: _____

Please rate the following:

	Excellent	Good	Fair	Poor
Organization of training				
Trainer's knowledge of material				
Trainer's style of presentation				
Trainer's ability to answer questions				
Trainer's ability to relate to audience				
Trainer's enthusiasm				
Usefulness of materials				
Usefulness of visual aids				
Usefulness of demonstrations				
Usefulness of role-play opportunities				
The pace of the workshop				
Comfort of facility				

What 2 areas of the workshop were the most helpful?

What 2 improvements would you suggest to make the training better?

On a scale of 1 to 10, how would you rate this workshop overall? 1=low, 10=great.

Future training...what do you still need?



Second STEP

Violence Prevention Training

August 4-5, August 6-7, August 12-13, September 13-14, September 15-16, December 11-12, 2008

Gender: ☐ Male ☐ Female What school are you from?: _____

Check the category that best describes you:

☐ Classroom Teacher ☐ Special Area Teacher ☐ Administrator ☐ Other : _____

If you selected teacher, please complete the following three items:

Years of teaching experience: _____ What grade do you teach: _____ Years experience at this grade level: _____

Please circle the word that best reflects your satisfaction with your perception of the training:

1. Scope of the information presented today: Very satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
2. Format of the training: Very satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
3. Quality of the training: Very satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
4. Overall value of this training in helping you understand the need for violence prevention in your school:
Very satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
5. Your ability to effectively integrate the Second STEP program into your existing curriculum:
Very satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Please provide us with feed back regarding your overall training experience:

- | | Poor | | | | Excellent |
|--|--|---|---|---|-----------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. What is your overall evaluation of today's training? | | | | | |
| 2. Was there enough opportunity for interaction and participation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 3. Were the materials understandable? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 4. Would you recommend this training to others? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 5. Did this program meet your expectations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Please list two examples of how you can apply what you have learned in your classroom/school.

1. _____

2. _____

Thank you for completing this evaluation. Your feedback is important to us.



Life Skills

Substance Abuse Prevention Training

August 14-15 and September 11-12, 2008

Gender: ☐ Male ☐ Female What school are you from?: _____

Check the category that best describes you:

☐ Classroom Teacher ☐ Special Area Teacher ☐ Administrator ☐ Other : _____

If you selected teacher, please complete the following three items:

Years of teaching experience: _____ What grade do you teach: _____ Years experience at this grade level: _____

Please circle the word that best reflects your satisfaction with your perception of the training:

1. Scope of the information presented today: Very satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
2. Format of the training: Very satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
3. Quality of the training: Very satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
4. Overall value of this training in helping you understand the need for substance abuse prevention in your school:
Very satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
5. Your ability to effectively integrate the Life Skills program into your existing curriculum:
Very satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Please provide us with feed back regarding your overall training experience:

- | | Poor | | | | Excellent |
|--|--|---|---|---|-----------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. What is your overall evaluation of today's training? | | | | | |
| 2. Was there enough opportunity for interaction and participation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 3. Were the materials understandable? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 4. Would you recommend this training to others? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 5. Did this program meet your expectations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Please list two examples of how you can apply what you have learned in your classroom/school.

1. _____

2. _____

Thank you for completing this evaluation. Your feedback is important to us.

Training Site _____ Trainer _____ Date _____

Check type of training: ☐ LST ES Program ☐ LST MS Program ☐ LST HS Program ☐ LST Parent Program
☐ Training of Trainer (TOT)

I. Your Needs: Use this scale to rate the following criteria.

1	2	3	4	5
Not at all	To a limited extent	Well	Very well	Exceptionally well
This training provided...			Rating	Comments
1. the information about LST that I needed.				
2. an overview and practice of useful teaching techniques.				
3. a walk through of the program/curriculum.				
4. increased understanding of the guidelines for fidelity based implementation of the LST program.				
5. increased confidence in my ability to implement the program.				

II. Trainer Performance: Use the following scale to rate how well your trainer attained these objectives.

1	2	3	4	5
Not at all	At a basic level	Well	Very well	Exceptionally well
How well did the trainer...			Rating	Comments
1. explain the theory and research of LST?				
2. model key teaching skills of <u>Facilitation & Feedback, Coaching & Behavioral Rehearsal</u> ?				
3. respond to questions about <u>curriculum</u> and <u>implementation</u> ?				
4. use or manage training time well?				
5. create comfort and engagement in the training environment?				
6. reference other NHPA/PHP resources and programs that would support your local initiatives?				

III. Overall Training Rating: Use this scale to rate your level of overall satisfaction.

1	2	3	4	5
Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied
Overall, how satisfied were you with ...			Rating	Comments
1. your workshop?				
2. your trainer?				
3. your training materials?				

IV. Were you released before the scheduled end of the workshop noted on the agenda? ☐ Yes ☐ No

V. Did you find the LST Provider Training Booklet helpful? ☐ Yes ☐ No Comments?

VI. Any further comments about your NHPA trainer and workshop experience?

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Deputy Mayor for Education



1350 Pennsylvania Avenue NW, Washington, D.C. 20004

Introduction

This survey is being administered by the Office of the Deputy Mayor for Education to evaluate this training provided under the auspices of the **Interagency Collaboration and Services Integration Commission (ICSIC)**. Your responses will be a vital part of an overall evaluation of ICSIC trainings. Please answer all questions as candidly as possible. *Be assured that the information you provide will be treated confidentially.* The survey is divided into four sections, which are listed below. It should take approximately 5 minutes to complete.

1. To what extent would you agree or disagree with each of the following statements about the School Resource Officer (SRO) training by Don Shomette?

(Please check one box in each row.)

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
a. The trainer was an expert in the content area(s)				
b. The training provided me the information I needed to implement Crime Prevention Through Environmental Design (CPTED)				
c. The training provided me the information I needed to conduct safety audits				
d. As a result of the training, I feel prepared to mentor at-risk students				
e. The training improved my ability to work effectively as an SRO				
f. The trainer was effective in delivering information.				
g. The trainer interesting and dynamic.				
h. The training increased my interest in serving as an SRO				
i. The training offered me ample opportunity to ask questions about my work as an SRO				
j. The training was well organized and easy to follow.				
k. The training provided me ample opportunities to try out SRO skills and techniques				

2. How long have you worked as an SRO?

- ☐ (1) less than 1 year
- ☐ (2) 1 year
- ☐ (3) 2 years
- ☐ (4) 3 years
- ☐ (5) 4 years
- ☐ (6) 5 or more years

3. How long have you worked as a police officer?

- ☐ (1) less than 1 year
- ☐ (2) 1 year
- ☐ (3) 2 years
- ☐ (4) 3 years
- ☐ (5) 4 years
- ☐ (6) 5 or more years

4. What is your highest educational degree?

- | | |
|---|--|
| <input type="checkbox"/> (1) High School degree | <input type="checkbox"/> (4) Bachelor's degree |
| <input type="checkbox"/> (2) Some college courses | <input type="checkbox"/> (5) Bachelor's degree with some graduate work |
| <input type="checkbox"/> (3) Associate's degree | <input type="checkbox"/> (6) Master's degree or higher |

5. Are you...

- ☐ (1) Male? ☐ (2) Female?

6. How would you describe yourself?

- ☐ (1) White or Caucasian (non-Hispanic)
- ☐ (2) Black or African-American (non-Hispanic)
- ☐ (3) Native Hawaiian or Pacific Islander
- ☐ (4) Hispanic or Latino/Latina
- ☐ (5) American Indian or Alaska Native
- ☐ (6) Asian
- ☐ (7) Other

Thank you for your cooperation.

Shomette & Associates

Instructor-Don Shomette

<p><u>Evaluation</u></p> <p>ADVANCED COURSE</p> <p>Metropolitan Police Department</p>
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Please indicate your position:

☐ School Resource Officer

☐ Law Enforcement Personnel

☐ School Administration

☐ Teacher

☐ Other (please specify) _____

Please indicate your number of years of experience in this position: ☐ < 1 ☐ 1-3 ☐ 4-7 ☒ 8-15 ☐ >15

Please rate each of the following sessions:

	Poor	Average	Above Average	Excellent
Mentoring:				
Community Policing:				
CPTED (Crime Prevention Through Environmental Design):				
Safety Audits:				
School Safety:				

Please rate each of the following items:

	Poor	Average	Above Average	Excellent
Course Content: (Usefulness and applicability)				
Course Materials: (Quality of course materials)				
Presentation Time: (sufficient time allocated to cover materials)				
Overall rating of course:				

What overall comments do you have for this training? What part of the course did you enjoy the most and why?

What have I done right as a School Resource Officer?

What will I do differently now after attending this course?

What is the one thing, that if I do it well and consistently, I will be successful as a School Resource Officer?